

sutured to the edges of the bladder wound. Drainage is favored by allowing the patient to lie on his belly, another larger tube being attached to it and leading to a receptacle, in order to prevent soiling the bed. The writer in recent cases has omitted the suprapubic drainage, with equally good results.

In the eight reported cases the functions of the bladder were completely restored, while there were no disturbances caused by fixation of the cervix to the anterior vaginal wall.

Vaginal Incision in Pelvic Abscess.—BÜRGER (*Centralblatt für Gynäkologie*, 1901, No. 43) reports 273 cases of pelvic abscess, including only those of suppuration of the tube and ovary. He emphasizes the fact that in pyosalpinx the conditions are essentially different from those which are present in ordinary abscesses, since even after evacuating the pus the diseased mucosa remain as a source of fresh infection and renewed suppuration. Hence the indications for incising pus-tubes per vaginam are comparatively limited. Of these fever is the most important, as it shows the presence of an acute process, with fresh pus, the escape of which into the peritoneal cavity during laparotomy is often fatal to the patient. Excessive tension of the sac and threatening perforation into adjacent organs are other indications for incision, which, however, is to be regarded simply as a palliative measure, to be followed later by abdominal section if necessary. When it is impossible to remove the pus by incision alone the diseased tube may be extirpated per vaginam.

In analyzing his cases the writer finds that in a considerable proportion it was necessary to repeat the operation in consequence of fresh suppuration in the opposite tube or imperfect drainage of the abscess cavity.

The results were seldom permanent, as the local pains usually persisted or were aggravated. A radical operation was necessary in 25 per cent. of the cases. In short, vaginal incision is to be regarded merely as a safe and easy way of temporarily relieving the patient from the symptoms incident to retained pus and of postponing the radical operation until it can be performed with less danger of infecting the healthy peritoneum.

Cancer of the Fallopian Tubes.—KNAUER (*Centralblatt für Gynäkologie*, 1901, No. 43) reports a case of adenocarcinoma involving both tubes and ovaries. He regarded the disease as developing primarily in the tubes, for the following reasons: The ovarian tumors presented the same structures as the tubal. Only portions of the ovarian stroma were affected, the cancer cells having invaded the normal tissue in different places, while in no instance was the germ or follicular epithelium involved.

The writer calls attention to the fact that while only four cases of cancer of both tubes have been reported, the simultaneous occurrence of the disease in both tubes and ovaries has not previously been noted.

Treatment of Adherent Retroflexion.—DIETEL (*Centralblatt für Gynäkologie*, 1901, No. 28) reports 112 cases, in 88 of which the displacement was of long standing. He employed massage and replacement under narcosis as well as surgical treatment. In 32 cases treated by massage 9 were successful. Of 23 in which Schultze's method was employed 20 patients were relieved so that they could wear pessaries, but in these the adnexæ were not

adherent; 21 cases with adnexal complications were similarly treated, but only 12 were successful; 25 patients only were operated upon, the abdominal route being adopted by preference, with conservative treatment of the tubes and ovaries, 22 patients being cured. Hysterectomy was not performed in any instance.

Posterior Vaginal Enterocoele.—GONILLOND (*Revue de Chirurgie*, 1901, No. 5) performed posterior colporrhaphy and ventrofixation for the cure of complete procidentia in a woman, aged forty years. Two months later a vaginal enterocoele developed, the uterus remaining in normal position. The posterior vaginal fornix was opened, and the peritoneal sac was extirpated as in an ordinary hernia, after which the cervix was amputated, with a successful result.

These cases are quite rare. Condamin reports one in which an enterocoele developed as the result of coughing, the pelvic floor being intact, and the uterus, rectum, and bladder being in normal position.

Chloroform Narcosis.—BONBEAU (*Revue de Chirurgie*, 1901, No. 5) reports 1200 cases without a death. He uses a folded handkerchief, the chloroform being administered drop by drop, plenty of air being given at first. The tongue is drawn forward. Narcosis was usually complete in from eight to ten minutes.

Renal and cardiac diseases were not regarded as contraindications. Trendelenburg's position, the writer believes, is of advantage in chloroform anaesthesia. In twelve cases syncope occurred, and it was necessary to resort to artificial respiration.

Perforation of the Uterus.—REYBREYEND (*Revue de Gyn. et de Chir. Abdom.*, 1901, No. 2) includes under this heading accidental puncture of the gravid and non-gravid uterus, either with or without previous laparotomy. Cases of perforation with the sound or curette are not considered. In the former class of cases it is necessary to give a cautious prognosis, since abortion may occur after a considerable lapse of time.

Perforation of the uterus during vaginal operations occurs most frequently while enucleating sessile submucous fibroids.

With modern aseptic methods, less anxiety need be entertained about the result of this accident than formerly. Simple puncture requires no treatment. A considerable wound should be sutured at once after opening the abdomen. Hysterectomy is seldom necessary.

Chorio-epithelioma of the Uterus.—HITSCHMANN (*Centralblatt für Gynäkologie*, 1901, No. 28) reports the case of a multipara, aged thirty-eight years, who missed one period and began to have hemorrhages soon after, which continued for three months without symptoms of pregnancy. On examination the uterus was found to be enlarged, and that a tumor presented at the os internum. Examination of fragments showed that it was a chorio-epithelioma, whereupon the uterus was extirpated, death resulting three weeks later from metastasis in the thoracic and abdominal viscera, as well as in the brain. Microscopically the syncytium was slightly defined, there being isolated giant cells or delicate striæ.